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**HUMAN SERVICE ELEMENT
OF THE
COUNTY OF SACRAMENTO
GENERAL PLAN**

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March 2, 1994

COUNTY OF SACRAMENTO

**Planning & Community Development Department
Community Planning & Special Project Section**

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SACRAMENTO COUNTY GENERAL PLAN
HUMAN SERVICES ELEMENT

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HUMAN SERVICES ELEMENT

SECTION I.

Introduction

Enactment of this Human Services Element places people at the center of the planning process. Its purpose is to promote and assist in the development of strong communities and to promote and enhance strong individual and family functioning. It sets forth human values and principles which are to be taken into account as Sacramento County's orderly growth and development occurs. It provides the basis for assuring that the service needs of people will receive attention in appropriate settings.

The Human Services Element establishes a framework for examining the social consequences of various land use alternatives. It enhances the capacity of the county to interact with the physical planning process through recommendations for policies which would improve access to a broad range of human services. The focus is not only on response to growth issues, but also on planning for existing communities where human service needs are concentrated.

Inclusion of this Human Services Element in the Sacramento County General Plan represents an important public policy advance. Traditional land use planning focuses on how various physical properties are configured and related to one another. While the intent is to promote public convenience, significant considerations are sometimes overlooked. Rapid population growth in Sacramento, coupled with limited funding, have placed serious strains on the human services system. There is an urgent need for long-range comprehensive human services planning that cuts across categorical lines, provides lead time to plan for emerging problems, and puts human service concerns on the same level as physical development in the planning process.

Data show that growth and development do have impacts on the human services system, but the traditional planning processes do not allow for assessment of this connection. Although locations of such public facilities as schools and parks may be addressed, land use planning approaches typically do not delve into such matters as the services needs of people in given communities who encounter problems, often on a daily basis, because of age, disability, health condition or economic circumstances. The urgency for a better planning process is driven by extremely rapid growth in the area, the changing demographics of the community, including growth in a culturally diverse population, new and emerging issues such as homelessness, the precarious status of vulnerable children and adults and increased demand for all kinds of human services.

Assumptions

The goals, objectives and implementation strategies incorporated into this Human Services Element reflect consensus on certain assumptions about the human services environment in Sacramento County. Among these are the following:

- Demand for human services in Sacramento County will continue to grow. Low-income persons will continue to have high need for publicly-funded services. Social problems and their prospective solutions will become more complex. Increasing population diversity will heighten demand for human services which are sensitive to cultural diversity.
- There will be major constraints on funding available for human services. Federal assistance will continue to decline - perhaps even more rapidly than in the past. State assistance in the very short term may be drastically reduced. County resources will be scarce due to growing needs in other competing areas (primarily law and justice).
- Clients and their demands for services will far exceed government's abilities to effectively deliver services. Prioritization of services will be an essential process in resource allocation.
- County government will continue to be granted increased responsibility in establishing service levels for many health and social service programs without a commensurate increase in resources.
- Sacramento will continue to be a caring community with many individuals and organizations participating in efforts to assist disadvantaged persons.
- There will be increased pressures to perpetuate and expand the specialization and targeting of services because of the scarcity of resources. Special interests will be more vocal than ever in support of narrowly focused services in order to better compete for the limited funds available.
- In Sacramento County, policies will continue to emphasize prevention and the bringing together of resources to better serve clients.
- Sacramento County will continue to experience relatively high rates of violence, youth gang activity, crime, substance abuse, school drop outs, child abuse, elder abuse, family disintegration, teenage pregnancy, hunger, and homelessness.
- The Medi-Cal population will have increasing difficulty accessing services as providers withdraw from participation or

limit more tightly the number of Medi-Cal clients they will serve.

- Although the Sacramento area economy will continue to diversify, many new jobs will be relatively low paying.
- Demand for affordable housing and child care will far exceed available supply.
- The trend of growing public assistance and protective services caseloads will continue.

Values

The Human Services Element reflects a set of values which guide the County's policies. The goal of human services should be to enable everyone to be born healthy, develop normally, and function at maximum capability throughout a high quality life. All public policies, including those regulating the use of land, should enhance attainment of this goal. These human services principles apply:

- Public policies should focus on strengthening individuals and preserving the family unit, and must be relevant to families with diverse structure, cultures, and ethnicity.
- Awareness of and access to human services should be easy, so that people can get the help they need.
- Services should be provided at the neighborhood level where feasible and appropriate with comprehensive, integrated, multidisciplinary services to address complex human problems.
- Human services should emphasize personal responsibility, empowering people to achieve and maintain self-sufficiency.
- Public policies should focus on prevention as a humane approach which is more cost effective than reacting to avoidable adverse situations which have already occurred.
- Public policies should provide a safe and secure community.

Implications

The Human Services Element sets forth policies to guide land use planning decisions. It is a first step, to be enhanced as specific indicators of social significance are refined. In the future, once standards for viable healthy communities are developed, social impact assessment policies should be enacted to analyze consequences of specific land use proposals and to assure that people are truly at the center of the planning process.

Scope of Human Services

For purposes of this Element, Human Services is broadly defined to include all of those community services that provide support and protection for individuals and families including services in the following areas: basic needs such as financial assistance, food and shelter; dependent care; education services; employment and training services; health care and protection; mental health care; substance abuse services; protective and supportive services; legal and criminal justice services; recreation/physical education.

In California, counties carry the major responsibility for governmental services in health and social services and major components of the criminal justice system except for law enforcement which is also provided by the cities. Sacramento City also has an Office of Human Services in its Parks and Community Services Department which provides some important human service programs such as child care planning, youth employment, and summer food service. The City and County also participate prominently in joint powers activities that support employment and training (Sacramento Employment and Training Agency), housing opportunities and senior services (Sacramento Housing and Redevelopment Agency), and senior services (Area 4 Agency on Aging), and services to persons with disabilities.

Many human services are provided by private entities and community based organizations. The thrust of this Element is to encourage a greater sense of partnership between these and government agencies. This promotion of partnership also extends to the relationship between the county's human service system and its criminal justice system, and between the county and the school districts.

County Human Services as an organizational entity includes the Departments of Human Assistance, Health and Human Services and Medical Systems. The County has also established a Human Services Cabinet to provide advice and assistance to the County Executive in the coordination and planning of the county human services system. This cabinet includes the heads of the departments referred to above, representatives from the criminal justice system, the education community, other local governments and community based organizations.

SECTION II.

SOCIAL PROFILE OF SACRAMENTO COUNTY

(This Social Profile is adapted with permission from Trends and Emerging Issues in the Sacramento Region - 1992, Community Services Planning Council, Inc. Sacramento, California. April 1992.)

Introduction

This profile of Sacramento County provides data on eight aspects of the community with social significance. It addresses the significance of these data and suggests some implications that may be drawn from the emerging issues. It focuses on 1) our changing and growing population and associated changes in family living patterns; 2) changes in the economic status of county residents, including changes in the pattern of employment and increasing poverty, with consequent pressures on government services; 3) housing patterns and costs and their impacts on patterns of home ownership and rental costs, and rises in the problem of homelessness; 4) health and access to health care, including mental health services; 5) the rising incidence of substance abuse and its impact on public safety and law enforcement; 6) increasing enrollments and declining resources in public education at all levels; 7) growth in the incidence of crime and particularly of violent and hate crimes; and 8) the safety of vulnerable members of the society, particularly children at risk of abuse or neglect, abuse of dependent adults, and domestic violence.

POPULATION

Sacramento is now home to over one million people, a 33% increase from just ten years ago. At least one of every four residents now in the county did not live here in 1980. The county's population growth is expected to continue and by the turn of the century almost 1.5 million people are expected to live in Sacramento. Population statistics reflect an area's natural increase (number of births minus deaths) and net migration (number moving in minus number moving out.) About 60% of Sacramento County's growth is a result of net migration, that is, people moving into the area.

These new residents come from a variety of venues. About 25,000 Southeast Asians have migrated from Cambodia, Vietnam and Laos in the last decade. New residents continue to come from Mexico and other Spanish-speaking countries, and a small but growing number are emigrating from the former Soviet bloc countries to Sacramento. There is also a substantial movement of Californians from the Bay Area and Southern California and from other states in the union.

This influx of newcomers has shifted the ethnic balance of the community. Minority communities are growing much faster than the total population. One out of eight Sacramentans is now Hispanic; one out of ten is African-American, and just under ten percent are Asian/Pacific Islanders. The latter is the fastest growing ethnic group in the county, with a 146% increase from 1980 to 1990.

The population did not increase at the same rate for all age groups during the '80s. The "baby boomers" ((35-44) grew by 84 percent; children under 10 by 50 percent; seniors by 48 percent. The number of young adults and adolescents actually declined, but the teen-aged population is projected to grow by 60% during the coming decade.

As the population has changed, so has its life style. The most dramatic change has been in the composition of households. One out of three children does not live in a two-parent family. One out of ten children in Sacramento lives with relatives, primarily grandparents, or with non-relatives. More seniors are living at home, with a decline in the actual number of those living in group quarters.

Sacramento has more divorced and widowed residents than ever before as well as a higher proportion of people who have never married when compared to other parts of the state. One in four households in the county consists of a single person, by far the highest rate in the region.

Sacramento County's birth rate is higher than in the state as a whole, and one out of three births in the county is to an unmarried woman. Teen mothers account for one out of eight births.

Implications:

- o Ongoing population growth means greater demands for new infrastructure, affordable housing and accessible human services. Land use and human services planners must jointly develop creative, comprehensive responses to the needs of a growing and increasingly diverse community.
- o To provide services for and tap the talents of our senior population will require innovation and coordination. Partnerships between the business and human service communities can foster options such as alternative housing with a range of services; volunteer and part-time work opportunities; intergenerational programs teaming seniors with children and young adults; and increased recreation and leisure activities.
- o Growing racial and ethnic diversity in the Sacramento region brings with it both challenges and opportunities. Government, education, business and the human services system must become

more sensitive to the varying needs of different ethnic populations.

- o As the nuclear family changes, so must the public and private agencies that care for, educate, employ, insure and assist the family members. Working women, single parents, teen-age mothers, growing ranks of the elderly, latchkey children, the jobless, the uninsured and the homeless represent significant elements of our population with needs very different from those of more traditional families.
- o Special attention to the sharp rise in the adolescent population is essential. Their growing numbers will create exceptional pressure on education, health, recreation, employment and law-enforcement services during the next decade.
- o Attention should be focused on the fact persons with disabilities are included in all the populations identified above. Their special needs should be included in all planning stages.

ECONOMIC DEVELOPMENT

During the decade of the '80s, the Sacramento region experienced strong economic growth. While the State of California increased its wage and salary jobs by 29 percent, the increase in Sacramento County was 49 percent. Over 450 new manufacturing firms came to the Sacramento Metropolitan Area, adding 13,000 new jobs.

The economic picture changed in 1990. Economic activity began to slow and by the third quarter of the year, indicators headed downward in a slide that has not yet stopped. Since November 1990, the unemployment rate each month has exceeded the rate for the same month the year before. Losses were felt in every major sector: agriculture, construction, manufacturing, wholesale. Losses were recorded in federal and state employment, reflecting a major change resulting from decreases in civilian and military defense personnel.

Growth in personal income has not kept pace with the rising cost of basic necessities such as utilities, housing and child care. Rental costs more than doubled in the last decade, while the costs of child care -- a necessity for two wage-earner and single-parent families -- rose by 75 percent between 1983 and 1991. Utility costs have also risen faster than per capita incomes. The result has been a growing number of families with children living in poverty, one in four in Sacramento County.

While new jobs have come in to the community, more than half of the 200,000-plus new jobs created in the '80s were in the service and retail industries. Many of these new jobs are part-time, minimum-

wage and/or lacking health care benefits.

During the '80s when the economy was expanding and building was booming, property and sales tax revenues to the county grew. Assessed value of property subject to county taxation grew by 1024 percent while sales tax revenues increased by 111 percent. When the recession set in, building permits in the county dropped by 60 percent from early 1990 to the first few months of 1991.

Faced with a multi-billion dollar deficit of its own, the State of California is transferring costs of health and social programs to the counties without providing adequate revenues to support their growing caseloads. And General Assistance, the one program traditionally funded solely by counties, is growing rapidly, from 4,575 cases in January 1990 to 7,571 in January 1992, a 65.5 percent increase over two years. Thus, while demands for health, safety and welfare services go up, all revenue sources for the counties are going down or rising more slowly than the need.

Implications:

- o A growing population will provide opportunities for attracting new business to the region and for developing local small businesses. But the business community will need to incorporate an increasingly diverse labor force, including youths, seniors and a more varied racial and ethnic population.
- o Public- and private-sector employers will need to develop more employee training programs to meet their specialized skill requirements. For the increasing number of workers with primary family responsibilities, flexible work hours, reasonable accommodation, job sharing and expanded leave policies are likely to become more common.
- o The ongoing economic recession has reduced both government and non-profit resources for meeting community needs. The result is more emphasis on short-term, critical problems and less investment in prevention programs. The recession may also increase pressure to relax protective regulation -- environmental laws, worker safety measures and employee benefits -- to reduce business costs without full consideration of longer term social costs to public health and employee economic status.
- o As the cost of basic necessities rises faster than income, more residents are likely to seek low-cost options or subsidies to meet the costs of housing, child care, health care and other support services.

HOUSING AND HOMELESSNESS

Whether renting or buying, Sacramento County residents face some harsh realities:

- The cost of home ownership has outpaced the rise in per capita income. As recently as 1989 about 45 percent of households could afford the median-priced home in the area. Late in 1991 only 38 percent could afford such an investment.
- High-end rental housing is readily available in Sacramento, but accessible, affordable rentals are in short supply and public-subsidy units have long waiting lists.
- Although housing costs continue to be more affordable in Sacramento than in many parts of California, the proportion of monthly income that residents must pay for shelter is rising.
- Hundreds of families are unable to afford housing of any kind and have joined the growing ranks of the homeless. Others suffering from mental illness and/or addiction to drugs or alcohol swell the numbers of homeless. Without access to rehabilitative services, these individuals will continue to lack the basic necessities, including adequate shelter.

Median monthly rent in Sacramento in 1990 was \$462, with a median value for a home of \$129,800. While vacancy rates for rental units in Sacramento in general are 6.8 percent, the vacancy rate is less than 1 percent for low-income affordable housing.

Sacramento Housing and Redevelopment Agency (SHRA) operates programs to assist low-income residents in Sacramento County to obtain affordable housing. It operates both the Conventional Housing Program in units owned by the agency and the Section 8 Leased Housing Program which provides subsidies for rental units throughout the county. There are currently 3,265 public housing units, an increase of 16.5 percent since 1985, and over 5,000 leased housing vouchers, an increase of 30 percent since 1985. In spite of these increases, the shortage of affordable housing for low-income families is a chronic and growing problem. There are currently more than 28,000 families on the waiting list for subsidized housing; they may wait from five to seven years. SHRA estimates that only 11 percent of the affordable housing needs of County residents are currently being met.

For those without housing, shelters can accommodate 605 individuals and 35 families. SHRA reports a 25 percent increase in the past year of the number of families with children requesting shelter.

Implications:

- o Expanding the supply of affordable housing both for sale and rental will require a community-wide effort involving all sectors of the housing industry.
- o Maintenance of the existing affordable housing stock is critical to prevent further deterioration and concentration of lower socio-economic neighborhoods.
- o Emphasis on single family home construction and concentrated apartment clusters disregards an increasingly diverse population and changing life styles that call for new and innovative approaches to housing.
- o There is an increasing need for emergency, temporary and transitional housing for those faced with temporary homelessness due to unemployment, family dissolution, domestic violence, substance dependency or mental instability. Additionally, there is a consistently growing need for housing that is accessible to persons with disabilities.
- o Necessary services to support those who are attempting to move from homelessness to a more stable lifestyle are essential.

HEALTH, MENTAL HEALTH AND ACCESS TO HEALTH CARE

Standard indicators used to measure the health status of a community include: maternal and birth statistics, incidence of communicable diseases, causes of death and estimates of substance abuse. On many indicators, Sacramento County does not compare favorably with the state as a whole.

Several trends suggest cause for concern:

- More babies are being born to younger unmarried females. One out of three births in Sacramento County is to an unmarried mother.
- The number of infants with low birth weight and with prenatal exposure to drugs has increased over the past decade. The infant death rate in Sacramento has exceeded the state average every year since 1986.
- Immunization of children against preventable disease has lagged, especially among new immigrant populations. There were 84 cases of measles in the county in 1990, compared with 12 the year before. Other communicable diseases have also increased among vulnerable populations, with tuberculosis showing a rising incidence.

- Drug and alcohol-related diseases and deaths showed sharp increases during the '80s.
- The incidence of and deaths from AIDS continue to rise. The age at death among AIDS victims is dropping, indicating that the disease is being contracted at younger ages.

Leading causes of death in Sacramento are the same as in the state as a whole: heart disease followed by cancer and strokes. Cancer, chronic obstructive pulmonary disease, strokes and suicide are all higher than state averages. Deaths from firearms rose from 5.48 per 100,000 in 1980 to 6.86 per 100,000 in 1988.

Medical care costs have risen twice as fast as any other single item in the Consumer Price Index, which has placed many working people who do have some insurance coverage under significant financial strain. It has also placed economic pressure on employers, businesses, and health providers.

A growing percentage of the county's residents has no health insurance coverage. Only about two-thirds have private insurance; slightly over 15 percent are eligible for MediCal. Although the number of MediCal eligible persons has grown, the proportion that actually utilize services has declined, due at least in part to difficulty in locating physicians willing to accept new MediCal patients for general medical care. Twenty percent of California workers have no health insurance and must go without care unless they can access public clinics or emergency rooms.

Cost is clearly the greatest barrier to adequate health care, but is by no means the only one. Inability to communicate in English coupled with increasing cultural diversity can be barriers to receiving health care as well as other services. In Sacramento County, with a high population of new immigrants with limited English proficiency, the problem is a growing one. Requests for interpreting service at the University of California, Davis, Medical Center more than doubled from 1986 to 1990. Most translation calls were for Spanish, but thousands of patients were Southeast Asian and an increasing number required translations into Russian. Reliable transportation is also a barrier to timely medical care. Although Sacramento County has an extensive, accessible public transportation system, residents who do not drive have difficulty getting to appointments. Part of this difficulty is attributable to the mismatch between the location of physician's offices and the areas where low-income residents are concentrated.

Mental health services have not kept pace with population growth and have become increasingly inadequate in relation to the needs. The Sacramento County mental health services caseload went from 12,261 in 1988 to 13,810 in 1989, but the proportion of clients with more severe mental disorders rose sharply. Sixty-two percent of these patients were diagnosed with schizophrenia or other

psychoses. At the same time, acute psychiatric beds available to adults between the ages of 21 and 64 who are unable to afford private facilities are limited to the County Mental Health Center, and none of these are reimbursable under MediCal.

The current system of care for children with mental health problems is fragmented and uncoordinated. Because each funding source has different regulations and eligibility criteria, children are bounced from one treatment program and service system to another.

Implications:

- o As health care costs escalate, prevention and health-education programs become ever more important.
- o Publicly funded resources for health care cannot keep pace with the need for the foreseeable future. Alternative models of care-delivery must be developed, perhaps encompassing public-private partnerships.
- o The increasingly younger age at death of persons infected with AIDS underscores a continuing need for education/prevention efforts aimed at youth.
- o Increases in the number of births to teens mean prevention and intervention programs must be expanded and made more relevant to their young clients.
- o New initiatives to increase access to health care for those dependent on MediCal such as Geographic Managed Care must be tried to reduce health care costs and preventable health problems.
- o Increasing diversity in our population will require cultural sensitivity, including better access to interpreting services - including access for persons with communicative disabilities.
- o Mental health services are increasingly difficult to find for residents unable to afford private fees. The dysfunctional mentally ill population is increasing and will grow sicker if resources are not found to meet their needs.
- o More emphasis on lower cost preventive and supportive mental health services which prevent or delay the hospitalization of mentally ill patients is an effective strategy for cost containment.
- o A system of coordinated care which cuts across agency and categorical lines is needed to provide consistent services to mentally ill children.

SUBSTANCE ABUSE

Drug-related crime and health problems are a growing concern in Sacramento. There were twice as many adult felony drug arrests in 1989 as there were in 1985. Juvenile drug arrests rose at almost the same rate. The more encouraging trend is the reduction in the number of persons killed in alcohol-involved motor vehicle accidents during this same time period. Alcohol-related deaths not involving car accidents also dropped during this same period. Both trends went against the state-wide figures, which were up for both death categories.

Arrests for drug-related crimes almost doubled between 1985 and 1989, although the rate was lower than in the state as a whole. In California, one of every three adult felony arrests in 1989 was drug-related. Misdemeanor alcohol-related arrests for both adults and juveniles declined during this period.

In May of 1990, the Sacramento County Health Department worked with all area hospitals to do universal screening of newborns for illegal drugs. Nine percent of all infants born that month had been prenatally exposed to one or more illegal drugs. During the four years from 1987 to 1991, the County Department of Social Services received almost 2100 reports of confirmed prenatal drug exposure. The number of such referrals peaked in 1989 and has been declining since then.

The Social Security Administration records the proportion of each district office's clients who have a drug or alcohol-related disability. Three district offices in the Sacramento region are among the five offices in California with the highest percentage.

Implications:

- o Current public education programs for adults and students as well as mandatory penalties for driving under the influence should be continued.
- o Long-term health and developmental consequences of perinatal drug exposure are unclear. School districts, health providers, mental health programs and programs for the developmentally disabled may have to expand services for an increasing population of special needs students.
- o Neighborhood residents are increasingly concerned about gang and drug-related crime. Neighborhood efforts to combat drug activities will require public and private support to be effective intervention strategies in preventing substance abuse.
- o Reducing substance abuse among pregnant women and their partners could mitigate the rates of infant mortality, low

birthweight babies and children with disabilities.

- o Increased cost for incarceration of people convicted for drug-related crimes will mean less public funding available for other purposes.

EDUCATION

In 1991, Sacramento County public school districts were teaching more than 184,000 students, kindergarten through 12th grade. In addition, another 9.6 percent of school-age children in Sacramento County attend private schools. By the end of the decade, that enrollment will grow by 42.7 percent. As the population of adolescents increases in the '90s, high schools in the county will experience a sixty percent increase in enrollment.

Over forty percent of the students in Sacramento County are members of racial or ethnic minorities. Hispanic and African-American enrollment climbed almost sixty percent during the past decade, but was far exceeded by the growth in Asian/Pacific Islander students: 199 percent during the '80s. As the student population has grown in size and diversity, it has also changed in socioeconomic terms. Thirty-five percent of Sacramento school children receive free or reduced price school lunches. In order for a child to be eligible to receive free school lunch, annual family income must be \$14,482 or less for a family of three. A child from a family of three with an annual income of \$20,609 is eligible to receive a reduced-price school lunch.

A third of Sacramento's high school students will not graduate with their class. This is slightly over the state-wide attrition rate. A disproportionate number of these students are from ethnic and racial minority populations.

Adults taking basic skills courses have almost tripled between 1985 and 1989, the largest number of them in classes for English as a Second Language. Enrollment in classes to complete a high school education also grew. Elementary basic skills classes jumped in Sacramento County from 1,200 to 14,000 in a four-year period. Most of the students were participating in state-funded job training programs.

Violence on school campuses is increasing, threatening some students' ability to gain an education. Schools are feeling pressure to meet many of their student's needs which were previously met by families or community agencies, yet staffing levels for counselors, psychologists, social workers and nurses continue to decline as school budgets are constrained. As a result, there is growing interest in cooperative arrangements between schools and county government, leading to programs such as Healthy Start, Cities in Schools and outstationing of county social service and health workers in school settings.

Implications:

- o Increasing enrollments will require expanded staffs and facilities just as school districts are confronting budget short-falls. Since a trained labor force is a prerequisite of a strong business community, that community's involvement in education and training programs is essential.
- o As interest grows in multi-disciplinary programs utilizing schools as focal points for service delivery, there will be increasing pressure on available space in the schools and growing demand for expanded facilities.
- o As the adolescent population increases, programs aimed at this age group will experience greater demand. There will be a growing need for prevention and intervention programs for youth relating to substance abuse, sexuality and gangs.
- o Growing racial and ethnic diversity of the student population will require more culturally competent staff and more training for educators in working with varied student and parent populations.
- o The projected growth in high school enrollments offers opportunities for expanding youth volunteer and paid employment programs, providing role models and services for elementary school children, and assisting frail seniors to maintain independent living arrangements.
- o The need for recreational and social development programs for youth is increasing.

LAW ENFORCEMENT AND CRIME

The number of crimes reported to authorities has grown throughout the state over the past several years, and Sacramento is no exception. Reported offenses rose by eight percent in the county between 1988 and 1990, similar to the state's 8.8 percent increase. Sixty-nine percent of these offense reports were for property crimes, due largely to an increase in motor vehicle thefts, which increased 14 percent between 1988 and 1990. In general, reports of burglaries have declined.

Reports of violent crimes have also gone up in Sacramento; while the state's reports went up just under ten percent, Sacramento's rose 18 percent from 1989 to 1990. Most of these crimes were aggravated assaults, a category that has grown significantly since incidents of domestic violence were added to the category by a law change in 1986. Assault reports in the county have risen 43 percent since 1986.

Homicides rose 22 percent statewide from 1987 to 1990. Sacramento County rates are even more troubling; a 27 percent jump between 1989 and 1990 and a 56 percent rise between 1990 and 1991. Sacramento City Police report that 28 of the homicides reported in the City during 1991 were gang and drug related, accounting for 43 percent of all homicides.

Although the number of violent crimes reported to law enforcement agencies has declined, the number of adult arrests for violent crimes has increased. In Sacramento County aggravated assault cases jumped 221 percent in the period from 1985 to 1990, from 1,440 to 4,617. Rape and robbery arrests did not show marked change from what they were in the early '80s. Arrests for narcotics began rising rapidly in the mid-1980s with the introduction of crack cocaine by street gangs from Los Angeles. These arrests more than quadrupled between 1985 and 1990 while rising 60 percent statewide.

Property crimes account for more than half of all juvenile felony arrests in Sacramento, motor vehicle thefts accounting for the majority. As with adult felonies, juvenile arrests for assault and other violent crimes have risen, especially where gang activity is becoming more common. Between 1985 and 1990, juvenile arrests for violent crimes rose 40 percent and for juvenile assaults 39 percent.

Adult DUI arrests in the county declined until 1988 and then rose 25 percent to 11,554 by 1990.

Of increasing concern to law enforcement is the reported increase in gang-related criminal activity. The Sacramento City Police Department reports that drug and gang problems began to surface in Sacramento about 1980 and escalated in 1986 when rock cocaine was introduced by Los Angeles gang members. In 1982 a Gang Unit within the department began compiling information related to street gang criminal activity. In that year, 20 gangs were identified within the City. Currently 58 gangs have been identified, although only 25 to 30 are reported to be well established. The unit has identified 3,660 gang members or associates.

In the unincorporated area, the Sheriff's Department reports about 5000 known gang members in 75 active groups. All are ethnically mixed and come from all socio-economic elements of the community. According to the Department, there is not an area in Sacramento County which does not have gangs including middle-class and upper income neighborhoods.

Implications:

- o Historically, crime rates have been linked closely to the size of the adolescent population. The crime rate, especially for property crimes and gang activities, may increase during the next decade as the youth population grows.

- o Violent crimes can be expected to rise because of increase of gang members and drug trafficking in Sacramento County.
- o Long-term investments in economic development and social services that support families are needed as a strategy to help reduce crime rates.
- o Social, educational and other community services must be integrated with law enforcement to combat crime.

PUBLIC SAFETY

During the 1980s there was growing recognition of the community's stake in problems that used to be considered private family matters. Incidents of child abuse, domestic violence and elder and dependent-adult abuse became issues of public safety in California and elsewhere.

California law now mandates that medical, educational and criminal justice personnel report suspicions of child abuse to Child Protective Services Units of county social services departments. State law also requires medical, social service and long-term care personnel to report suspicions of elder and dependent-adult abuse to Adult Protective Services Units of social services departments. In addition, law enforcement agencies record incidents of domestic violence to which they respond.

During 1990, the county Child Protective Services unit responded to 32,953 emergency response calls, involving allegations of abuse, neglect and molestation of children under the age of 18. The rate of emergency response cases in the state was 6.6 per 1000 children in 1990, while in Sacramento, the rate was 8.8 cases per 1000 children. Sacramento County experienced a 55 percent increase in emergency responses between 1985 and 1990. This may be due in part to the more stringent requirements for reporting suspected abuse and growing public awareness of the problem.

In a growing number of cases, CPS staff are recommending that children be removed from their homes for their own health and/or safety. The rate of foster care placements statewide is 10.1 per 1000 children, but in Sacramento County, the rate is 11.7 per 1000 children.

Domestic violence calls dropped sharply in the county from 1987 to 1989 (11,187 down to 7,363) but the number jumped back up to 9,000 in 1990. Incidents involving weapons peaked at 735 in 1989 and dropped to 469 in 1990. Another indicator of domestic violence patterns is the number of calls to emergency shelter services. In Sacramento County, Women Escaping a Violent Environment (WEAVE) reported 12,000 crisis calls in 1990--up from about 10,000 in the two previous years. Of such calls about 20 percent are requests for emergency shelter. But 85 percent of these requests cannot be

met due to limited capacity at the 35-bed shelter that WEAVE operates.

Older citizens as well are not immune from abuse and neglect. The State Department of Social Services has estimated that one out of ten seniors may be abused, either by self-inflicted injury or perpetrated by others. The first type involves elders who are no longer able to care for themselves physically or are unable to manage their affairs. The second type is inflicted by others, often by the person most trusted by the senior, and includes physical abuse, neglect, mental suffering, sexual assault or misuse of the senior's funds. In 1990, Sacramento County confirmed 854 cases of abuse. An increasing proportion of the Adult Protective Services caseload involves isolated seniors with severe health problems. A significant number of persons subjected to abuse are those with disabilities who are totally dependent in their personal, in-home care.

Implications:

- o Family dysfunction has contributed to the rising number of social service caseloads and law enforcement interventions. Holistic approaches that assist the entire family with multiple needs will be the desired approach of both public and private human services programs.
- o Cases of abuse of dependent adults and elderly persons appear to be under-reported. Public education and training for professionals in recognizing and reporting suspected abuse cases are needed.

SECTION III.

STRATEGIES

STRATEGY I.

STRENGTHENING INDIVIDUALS AND PRESERVING THE FAMILY UNIT.

Goal: **A population that enjoys a high quality of life and strong and stable family units and individuals.**

INTRODUCTION:

The overall quality of life of a community can be directly related to the maintenance of strong family units and individuals with maximum capacity to care for themselves when situations arise which place them at risk. The Human Services Element provides for measures to promote this goal.

The County recognizes the need to improve community wide understanding and acceptance of multiple ethnic and cultural differences. The County will, through its Land Use and Human Services Elements policies provide a system that is both sensitive and equitable for living and social interchange. The process includes the protection of cultural differences without promoting isolation, in fact emphasizing the rich contribution these differences make to our community.

The County, in its recognition of changing family structures from more traditional patterns, will also provide for human service and housing policies that will accommodate both the needs of the traditional family unit as well as the single parent, individuals living alone, those sharing housing, elders, gays and lesbians, persons with disabilities, and social groups.

The County will provide leadership together with the education community in giving special attention to the social, education, health and employment needs of the significantly increased adolescent population during the 1990's.

The County will provide leadership in identifying the increasing senior population and other adults at risk and in coordinating support activities and services for the maintenance of maximum independence. Significant study of the issues involved and development of proposals to achieve these goals have been made by the Sacramento Senior Services Comprehensive Planning Task Force in their 1990 report "Sacramento's Aging Boom" and much of the discussion and proposals regarding seniors and vulnerable adults are derived directly from that document.

RESPONDING TO CHANGING FAMILY STRUCTURE:

- Objective 1: An environment in which children can develop to their maximum potential.
- Objective 2: An environment in which families caring for dependent members receive necessary social support, such as respite, and available financial support, such as tax credits, in order to enable them to continue their caretaker role.
- Objective 3: Work-family benefits which assist working caregivers.

Intent: Working caregivers may require support beyond their own ability, or that of close friends and relatives, to provide quality care to dependent children or adults. Societal and other pressures have also increased the number of dysfunctional families in need of intervention. The needs of families range from relatively simple dependent care services to comprehensive social support services which may include alternative placement of a family's children to another environment.

The community must establish a planned dependent care system which is affordable, dependable, accessible and safe, to allow caregivers the opportunity to work for family financial security and/or their own career development. Such a plan should include incentives for developers of large scale commercial projects and large multi-family housing developments to incorporate dependent care into their projects. Consideration should also be given to inter-generational dependent care programs in community centers and housing facilities to encourage intergenerational care and volunteerism. Alternative work rules, such as flexible hours, family leave policies, and work at home, will give recognition to changing life styles while maintaining the importance of family/caregiver and significant relationships.

Outside social service support is often needed for families who are at risk of family disruption from situations beyond their control or from adverse behavior including child and spousal abuse and substance abuse. There are many services provided by county agencies, schools and private community based agencies that will be much more productive if jointly planned and coordinated. Whatever planning that is done must recognize that family units and relationships are going through significant changes and attitudes, and services must adjust to these changes.

These changing life styles also emphasize the need for housing options to meet the need of single parents, including shared or cooperative housing, housing for extended and/or intergenerational families, and other family patterns, all of which should be

accessible to employment and support services.

Policies:

- HS-1. The County shall promote community wide dependent care services that are physically and financially accessible.
- HS-2. The County will collaborate with schools and other community agencies to meet social, emotional, physical and economic needs of children and families, readily accessible to all family units in need, through a coordinated system among the County and other community agencies.
- HS-3. The County's housing policies shall recognize the need for safe and accessible, affordable housing units for single parents, young families, multi-generational families, and other family patterns.
- HS-4. The County shall support the location of dependent care facilities in residential subdivisions so long as zoning and site standards are met, and that appropriate mitigation is applied to offset any adverse impacts.
- HS-5. The County shall support federal and state legislation which provides resources, such as respite care and tax credits, to encourage and promote maximum involvement by family members for at-home caregiving.
- HS-6. All mixed use areas designated for redevelopment financing shall consider dependent care facilities within the redevelopment plan.
- HS-7. The County shall develop policies which support the efforts of its employees to care for dependent children and adults to serve as a model for other employers.
- HS-8. The County shall work with other employers to make the business community aware of effective policies related to dependent care programs that Sacramento County is using, offering technical assistance to employers who wish further information.

Implementation:

- A. The County shall consider dependent care programs and benefits to address the needs of all of its employees. (Personnel Department, Board of Supervisors)
- B. The County, in cooperation with community organizations and other government jurisdictions including the cities, the private sector and developers, will develop a plan for

dependent care services and facilities. The plan shall include locational criteria and incentives relating to land use policies and public and private funding. (Board of Supervisors, Department of Planning and Community Development, Sacramento Housing and Redevelopment Agency)

- C. The County shall encourage the provision of dependent care programs, including inter-generational care, in recreational centers, churches, senior centers, children's centers, schools, etc. (Board of Supervisors, Sacramento Housing and Redevelopment Agency)
- D. The County shall review its Zoning Code standards with the intent of allowing human services (e.g. child care, dependent care programs) to be jointly planned and coordinated with the property's main use (e.g., churches, community centers, housing complexes) and recognized as an allowed ancillary use. (Department of Planning and Community Development)
- E. The County will support development of accessible schools as central service centers for families. (Board of Supervisors)
- F. The County shall encourage primary child and dependent abuse education and prevention services in schools and will support child and dependent abuse education programs in the schools as resources permit. (Board of Supervisors, Human Services Cabinet)
- G. The County shall continue to support family and children's support programs such as GAIN, Cities-in-Schools, Healthy Start, Head Start and related programs provided by community based organizations. (Board of Supervisors)
- H. The Housing Element shall support policies and incentives for providing affordable and accessible entry level housing for families and single adults, single parents, intergenerational families, and single adults. (Department of Planning and Community Development)
- I. The Housing Element should include appropriate policies, implementation measures and/or guidelines that address the affordability, accessibility, and the innovative design of housing for families, intergenerational families, single parents and single adults. (Department of Planning and Community Development)

RESPONDING TO ETHNIC, RACIAL AND CULTURAL DIVERSITY:

Objective: **Services and a community environment that responds to and promotes a high quality of life for an ethnically and culturally diverse population.**

Intent: Human services, whether offered in neighborhood human services centers, or by necessity centralized, will be delivered in a manner that recognizes the language and cultural differences of a significant part of the population and that may therefore vary from one part of the county to another. Interpreting services should be available, either on-site or by other readily accessible means. Comprehensive interpreting services developed and provided by the University of California, Davis, Medical Center are an excellent example of community based services that can be made available to other health and social service organizations and should be encouraged and supported. A community wide plan for such services will prevent unnecessary and expensive duplication. This plan shall also recognize the obligation of the individual to improve his/her capability to communicate, without interpretive support, to the extent feasible.

While staff of county departments or community based organizations should reflect the ethnic make up of the neighborhood as nearly as feasible, the entire staff must be sensitive to cultural differences and relate to their clients accordingly.

The County's land use and housing policies are consistent with allowing any individual or family to live anywhere in the community without regard to ethnicity or race. However, in addition to policies prohibiting discrimination, the planning process should promote cultural diversity as an important contribution to the health and vitality of the community. This suggests the importance of protecting cultural distinctions from disappearing. When people from distinctive cultures choose to live in proximity to one another, they should receive sufficient attention and support to remain economically viable so that they maintain a high quality of life and concurrently make a significant contribution to the whole community.

County leadership in the support of community wide ethnic, historical, artistic and cultural events will encourage a sharing and understanding between diverse groups in the community, supplementing education regarding cultural diversity in our schools. This emphasizes the importance of a continual educational process if we are to keep at a minimum the inter-racial conflicts that arise out of ignorance.

Policies:

- HS-9. County health and social services shall be structured and delivered in a manner that is readily available and physically accessible to a diverse ethnic, cultural and racial population.
- HS-10. The County shall support ethnic, racial and cultural diversities as positive factors in the development and maintenance of a healthy, viable community.

Implementation:

- A. The County will assure the availability of necessary interpreting services for its neighborhood human services models and centralized human services as they are reorganized. (Human Services Cabinet, Human Services Departments)
- B. The County will cooperate with community based organizations, providing the necessary leadership in developing a county wide plan for comprehensive interpreting services. (Human Services Cabinet, Human Service Departments)
- C. The County, as part of its human services reorganization, will provide training for its human services staff leading to cultural competency.¹ (Human Services Cabinet, Human Services Departments)
- D. The County will staff its human services with individuals who reflect the cultural diversity of the community, particularly at the neighborhood level. (Human Services Departments)
- E. The Planning process should recognize the ethnicity of the community by including relevant ethnic representation on committees formed to review public policy proposals and pertinent Zoning regulations. (Department of Planning and Community Development, Community Planning Advisory Committees, Board of Supervisors, Sacramento Housing and Redevelopment Agency)
- F. The socio-economic needs of ethnic communities will be closely monitored and action taken to prevent physical and economic deterioration. (Human Services Cabinet, Sacramento Housing and Redevelopment Agency, Sacramento Employment and Training Agency)

1 As used in this Human Services Element, cultural competency means that cultural diversity will be valued and respected, awareness of cultural and linguistic differences will be developed and maintained, the system will be adaptable to cultural diversity and change, and cultural knowledge will be institutionalized through training, recruitment, hiring, retention, promotion and monitoring.

- G. County-sponsored neighborhood human services centers will maintain active involvement in local cultural and ethnic events. (Human Services Departments)
- H. The County will provide active encouragement and make its physical and recreational facilities available to community ethnic, historical, artistic and cultural events. (Board of Supervisors)

MEETING THE NEEDS OF A GROWING ADOLESCENT POPULATION:

Objective: **Adolescents who will develop into mature, productive members of the community.**

Intent: The County is committed to working with families, schools and other community organizations to provide opportunities for constructive behavior and growth during the critical development period between childhood and adulthood. Greater emphasis upon innovative approaches such as those laid out in the sections on changing family structures and ethnic and cultural diversity should be made. We cannot rely upon the education community alone to carry the heavy responsibility of preparing adolescents for their future; widespread community coordination and involvement is required to strengthen education as well as support those families who need assistance in carrying out their responsibilities.

This part of the Element covers only a portion of the approach to meet the above objective. It relates most directly to positive activities for youth and initiatives to decrease youth violence and gang activities. The Strategy discussions that emphasize personal responsibility and that focus upon prevention, particularly related to violence and substance abuse, strongly supplement this part of the Element and jointly establish a set of policies and implementation steps to meet the needs of a growing adolescent population.

Policies:

- HS-11. The County will support strengthening positive alternatives for youth activities in the areas of recreation, employment and volunteer activities.
- HS-12. The County shall participate in development of the Juvenile Justice Master Plan with involvement of both the criminal justice system and the human services community.
- HS-13. County Human Services Departments will cooperate with law enforcement agencies to decrease youth violence and gang activities and any anti-social behavior patterns which threaten the development of adolescents.

Implementation:

- A. The County will coordinate with school districts, park districts, neighborhood human services centers, community based organizations and the private sector in increasing affordable and accessible recreation programs for youth. (Department of Parks and Recreation, Human Services Cabinet, Sheriff's Department)
- B. The County will encourage service/learning opportunities for adolescents to participate in multi-generational activities such as community gardens, neighborhood clean-up campaigns, literacy programs, etc. which improve the quality of life and provide benefits to the community. (Human Services Cabinet, Sacramento Housing and Redevelopment Agency)
- C. The Human Services Cabinet and the criminal justice system will work with community agencies to decrease the incidence of youth violence and jointly develop an approach that will address the multiple causes and effects of violence in our communities. (Human Services Cabinet, Sheriff's Department, District Attorney, Probation Department)
- D. The County shall take leadership in encouraging collaboration between health and human services, law enforcement and schools to integrate education regarding use of drugs and alcohol and education on the risks and protection against AIDS into a school health curriculum and to develop school based health services for adolescents. (Human Services Cabinet, Sheriff's Department, Probation Department, District Attorney)
- E. The County shall support neighborhood initiatives to combat youth violence and substance abuse. (Human Services Cabinet, Sheriff's Department, Probation Department)

RESPONSE TO GROWING SENIOR POPULATION AND ALL VULNERABLE² ADULTS:

Objective: A growing senior and vulnerable adult population that experiences a high quality of life, that is an integral part of the community and enjoys maximum independence.

² As used in this Human Services Element, vulnerable means at risk of abuse and/or neglect, premature loss of independence including institutionalization, or losing the ability to function independently.

Intent: As spoken to elsewhere in the Element, transportation access, housing that is compatible with the needs of the elderly and/or disabled, an environment that is free of fear of crime, and opportunities for volunteering, are all important factors in assuring the maintenance of active and independent living for the senior population. These and active intergenerational contacts, particularly within the family, are to be strongly supported. For those that find themselves in need of some support services, particularly when these are relatively minor, it is important to assure that appropriate services are available to keep independence at a maximum level.

It is the intent of the County to promote the establishment of a client-oriented, comprehensive, coordinated service system that has the capacity to respond effectively to the needs of seniors, as their level of independence might change and their need for assistance increases.

Promoting client access and maximum independence and dignity for older persons are major points of emphasis in developing a responsive system. Attention must be given to promote one-stop shopping for consumers to minimize the frustration of making numerous phone calls or trips to get the right information.

Other actions are better interagency communication, coordination and exchange of information with planners, involvement of the whole community, and promotion of techniques to better serve the homebound and other persons at risk.

A comprehensive, coordinated system for seniors as well as for all vulnerable members of the society should have the following characteristics:

- (1) Have a visible point of contact where anyone can go or call for help, information or referral on any aging issue and assure that referral from agency to agency results in assistance being received regardless of where the initial contact is made in the community;
- (2) Provide a range of options of types and levels of services;
- (3) Assure that these options are readily accessible to seniors and all vulnerable adults - the independent, semi-dependent, and totally dependent - no matter what their income;
- (4) Provide a mechanism to assure that all sources of funding - public, private, voluntary and personal - support a comprehensive and coordinated system;
- (5) Involve collaborative decision-making among public, private, voluntary, religious, social and service organizations and service beneficiaries in the community;

- (6) Offer special help and individualized assistance for those in danger of losing their independence;
- (7) Have a unique character which is tailored to the specific nature of the community and its neighborhoods;
- (8) Be directed by leaders in the community who have the respect, capacity, and authority necessary to convene all interested persons, assess needs, design solutions, track overall success, stimulate change, and plan community responses for the present and for the future.

Policies:

- HS-14. The County shall promote a comprehensive, coordinated system of services for seniors and vulnerable adults, accessible to those who are transit dependent, which shall be integrated with the County decentralized human services system.
- HS-15. The County shall move toward the long term goal of a comprehensive coordinated adult protective system to prevent abuse and to establish a continuum of care to support as high a degree of independent living for each individual for as long as possible.
- HS-16. The County's housing policies shall recognize the need for safe, affordable and accessible housing for seniors and vulnerable adults.

Implementation:

- A. The decentralized coordinated services for seniors, within designated focal point service areas, will be integrated with the decentralized human services neighborhood models being organized by the County. (Board of Supervisors)
- B. The County will continue to advocate for state legislation to develop the model program framework for adult protective services, and advocate with all appropriate public and/or private funders to establish stable funding for the adult protective services system. (Board of Supervisors)
- C. The Housing element shall include incentives and policies for development of safe, physically accessible, and affordable housing for seniors and vulnerable adults. (Department of Planning and Community Development.)
- D. The County will assist neighborhood human services centers and local community based organizations to implement neighborhood monitoring activities to identify and protect those adults that may be in need of protection. (Health and Human Services)

- E. The County will support ongoing community-based training and certification of choreworkers and will develop and implement strategies to expand consumer education efforts targeted to seniors and vulnerable adults who hire choreworkers. (Department of Health and Human Services)
- F. The County will support efforts to develop an adequate cadre of paid and volunteer long-term care ombudsman staff to cover all residential care facilities in the county. (Area 4 Agency on Aging, Department of Health and Human Services)
- G. The County shall encourage the maintenance of the Adult Multidisciplinary Team, including law enforcement, for review of complicated problem cases. (Department of Health and Human Services)
- H. The County will establish an ethics committee to advise in those cases that raise issues of conflict between individual rights and freedom and the need of protective services. (Department of Health and Human Services).

STRATEGY II.

ASSURING ACCESS TO HUMAN SERVICES

GOAL: Human services that are located and organized as physically and financially accessible and culturally and linguistically responsive to those in need of these services.

Introduction:

Human services resources should be arranged so that, when a client wishes to obtain services, he or she is assessed to determine what is appropriate and then assisted to meet the identified need(s).

Despite remarkable achievements which have come from the application of focused knowledge, we often miss the opportunity to address the needs of whole people and families. Helpers relate problems to what they have learned in narrow disciplines; agencies approach work with narrowly-defined missions; advocates seek categorical protections which assure that the special interests they represent have priority in service provision. This is understandable and appropriate; however, some of us value generic approaches to human services problems. It is imperative that we see that difficulties faced by clients are often interrelated and best addressed by helpers who are able to devise interventions which address multiple needs.

Isolation and fragmentation of human service programs have existed in part because of the complex process which funds programs and in part because of a pragmatic approach to planning which has dictated that when we see a problem, we develop a program that addresses that specific problem. Illiteracy leads to focused literacy programs, child abuse leads to protection and shelter programs. The problem has boiled down to a focus and resources are sought through public or private funding sources.

Most services have been crisis oriented and designed to address problems that have already occurred rather than to offer prevention. The social welfare system divides the problem into rigid and distinct categories that fail to reflect their interrelated causes and solution. There is a failure to communicate among a myriad of public and private sector agencies with different professional orientations and mandates. Restricted funding has caused competition for resources and/or redefinition of intake criteria to separate out specific client groups.

If one steps back to look at the total system, there appear to be many resources available to deal with these social problems. Many service agencies will find that the clients served are the same families. It is not uncommon to find that probation, child

welfare, employment programs, school programs, criminal justice youth service programs and private agencies all have open cases on a single family.

The County, in recognizing the need for improved planning and delivery of human services, particularly in a time of restricted resources, has established a Human Services Cabinet which includes the principal human services agencies of the county. Additionally, in 1992, the County reorganized its Departments of Social Services and Public Health with the objective of making the services provided by these agencies more user-friendly, client-oriented and less rigidly structured. The reorganization has sought and received considerable public input and is in the process of establishing model neighborhood delivery systems for health and social services.

There is also a significant increased demand for publicly funded health services; a decline in available resources and in the number of providers willing to serve publicly funded patients has created a growing crisis in health care. Infant mortality and morbidity have increased among minority populations; the AIDS epidemic is growing; and there are continuing problems related to access to and siting of health facilities.

Treatment of the mentally ill has historically been the responsibility of government, which is faced with decreasing support. Transfer of care from state institutions to the community continues to result in inadequate services at the local level. An increasing number of mentally ill are becoming homeless or are falling under the jurisdiction of law enforcement by default.

COORDINATION OF AND ACCESS TO SOCIAL SERVICES:

Objective: **Social services that are readily accessible, coordinated and integrated.**

Intent: A comprehensive intake process should be established to assess client eligibility for the widest possible spectrum of assistance in meeting basic needs. In the ultimate system, no eligibility referrals will be required. Rather, one stop geographically dispersed centers will be staffed with workers from public and private agencies, capable of advising clients about available services and determining eligibility across programmatic boundaries.

The intake function should include limited services capability so that time-limited assistance can be provided to address specific needs beyond the strict confines of determination of entitlement eligibility, e.g. restoring utilities and obtaining emergency food supplies.

For those requiring longer term services, the emphasis should be on consolidated multidisciplinary team approaches, decentralized to schools and other community focal points where the people needing assistance congregate. Integration and coordination of services provided by public and private agencies will be accomplished at the neighborhood level.

The location of human service facilities should be in response to the location and needs of the population that they serve. Locational criteria, land use decisions and mitigation measures should focus on mitigating the negative objective impacts of each care facility (i.e. traffic, parking, restroom services, noise, odors, safety, clients congregating, etc.), rather than subjective impacts such as the nature of the clients. Zoning ordinance requirements should apply equally to private for-profit and non-profit providers.

Policies: (ACCESS TO SOCIAL SERVICES)

- HS-17. The County shall periodically assess its human services reorganization to assure progress towards its goal of human services integration and "user friendly" service.
- HS-18. The County shall wherever possible provide human services at the neighborhood level with universal eligibility determination and services that are decentralized, multidisciplinary, coordinated and in cooperation with other public and private human service organizations.
- HS-19. The County shall assure the availability of interpreting services, to overcome language barriers when necessary, for the support of its human services.
- HS-20. Neighborhood human services shall be close to public transportation which includes transportation that is accessible for persons with disabilities.
- HS-21. Human Service facilities should be equitably distributed throughout the community, to the extent feasible, and located in response to the needs of the population that they serve.

Implementation:

- A. The Human Services Cabinet, which includes representation from all County and Sacramento City agencies involved in human services as well as community based organizations, will provide oversight for the planning and delivery of county-wide human services. (County Executive)
- B. As the County organizes new systems for its delivery of human services, it will develop an evaluation and feed-back system

to determine the cost and service effectiveness in a timely manner. (County Executive)

- C. There will be an ongoing external evaluation of the responsiveness of the system to community needs and the extent to which services are provided in a user-friendly manner, with an annual report made to the County Executive and the Board of Supervisors. (Contractor)
- D. Collaboration with the schools will be essential to assure the necessary provision of social support services to children and adolescents at or near school sites. (Human Services Cabinet, Human Service Departments, School Districts)
- E. The County shall foster the development of a long-range plan for an information and referral system that shall include coverage, utilization, introduction of interactive computerized information, and funding. (Board of Supervisors)
- F. All human services will be planned and shall be served by accessible public transportation. (Human Service Departments)
- G. The County will endorse the Consolidated Transportation Service Agencies' (CTSAs) efforts to optimize transit service by establishing social service transportation zones to reduce travel distances and coordinate transit resources through lead agencies involved in the neighborhood centers. (Board of Supervisors)
- H. The County will undertake a review of its zoning provisions to ensure appropriate flexibility with regard to the location and distribution of human service facilities throughout the community. A component of this effort will be the preparation of locational criteria and land use design guidelines that can be applied in the County's community planning areas. (Department of Planning and Community Development, County Executive's Office, Board of Supervisors)

COORDINATION OF AND ACCESS TO HEALTH AND MENTAL HEALTH CARE SERVICES

Objective: Health care system conveniently located and accessible to all county residents.

Intent: Health care, which in the United States has the capacity to be delivered in as high a level of technical quality as anywhere in the world, is unfortunately delivered inequitably with as much as one-third or more of the population facing limited or absent financial and service access. The continuing escalation of health care costs further complicates this situation and calls for aggressive containment action. Some steps can be taken at the local level, but the ultimate resolution of this problem undoubtedly calls for state and national action for health policy direction. Local cooperation with innovative service delivery trials, e.g. the MediCal geographic managed care proposal, will contribute positively to those ultimate decisions. Complex health problems, such as the treatment of the mentally ill, AIDS and substance abuse, require significant community wide efforts involving the social and health, public and private sectors.

Policies:

- HS-22. The County shall encourage and cooperate with health care providers in supporting measures for cost containment and improvement of health care delivery.
- HS-23. The County shall aggressively promote programs for routine health care of children and adolescents.
- HS-24. The County shall actively participate in the planning and monitoring of a comprehensive county-wide medical trauma system.
- HS-25. The County shall promote comprehensive treatment services for AIDS patients.
- HS-26. The County shall promote inclusion of mental health services as a basic health service in public and private health insurance programs.
- HS-27. The County, in coordination with mental health consumer groups, shall establish a system to specify who has first priority for public mental health treatment and maintain its provision of service in accordance with these priorities.
- HS-28. The County will seek improvement and support for prevention and treatment of alcohol and drug abuse in the public health system in order to enhance control of substance abuse with law enforcement initiatives dealing with this problem.

Implementation:

- A. The County will actively participate in the development of the state funded geographic managed health care system for MediCal. (Human Services Departments)
- B. The County will promote and support the collaborative effort between community health care providers to improve the efficiency of the provision of health care and reduce the redundancy of costly equipment and service. (Department of Health and Human Service, Department of Medical Systems)
- C. The County will develop specific criteria for the location of health care services, including need for services and accessibility to those who are transit dependent, and maintaining compatibility with the neighborhood. (Departments of Health and Human Services and Medical Systems)
- D. The County shall encourage the location of health care facilities in high and medium density, mixed use communities served by public transit as in Transit-Oriented Developments. (Department of Planning and Community Development, Department of Health and Human Services)
- E. The County shall advocate for and support prioritizing state and federal Medicaid (MediCal) funding for health care for children and adolescents. (Human Service Departments, Board of Supervisors)
- F. The County shall take a leading role with the health care provider and education communities and community based organizations in the development of school and/or community based health services serving preschool through high school ages. (Department of Health and Human Services)
- G. The County, with the assistance of the health care provider community, shall develop a comprehensive plan for a countywide medical trauma system which is compatible with neighboring jurisdictions. (Department of Medical Systems, Board of Supervisors)
- H. The County will advocate for inclusion of mental health care in any proposed public or private health care program. (Board of Supervisors)
- I. The County will seek improvement and support for prevention and treatment of alcohol and drug abuse in the public health system in order to enhance control of substance abuse with law enforcement. (Board of Supervisors)

- J. The County should seek the cooperation of pharmacies in the provision of ongoing consultation to the public as to potential adverse reactions between drugs, both prescription and non-prescription. (Department of Planning and Community Development, Board of Supervisors)

STRATEGY III.

EMPHASIZING PERSONAL RESPONSIBILITY

Goal: **Increased self-sufficiency and personal responsibility for self, family, and community.**

INTRODUCTION:

Four inter-related themes form the basis for this portion of the Human Services Element:

1. Community responsibility and personal responsibility are inseparable. Working together, individuals form and enrich communities. Active participation is called for throughout the community building process, including at each step in the planning and delivery of human services.
2. Personal responsibility means accepting one's own contribution, whether positive or negative, to a situation. People are justifiably proud of their personal accomplishments. Personal responsibility also means doing something about a bad situation. Responsibility is not just to oneself, but also to one's family and to one's community. The interdependence of individuals that defines family and community calls for every person to take responsibility for both. It is unrealistic and undesirable for that responsibility to be abrogated to government. To avoid fostering dependency, the government role should focus on empowerment. People should be subjects who act, rather than objects acted upon.
3. As part of government's enabling role in fostering independence of persons not dependent on public services, active encouragement should be given to volunteerism and the community service potential which is present but often untapped, in neighborhoods and among people with common interests and concerns.
4. While emphasizing community, the human potential of individuals acting on their own should not be overlooked. That potential manifests itself in creativity, new ideas and innovation. It is evident in the remarkable achievements of persons committed to a cause. The exercise of civic responsibility as a personal choice should be encouraged by public policy and by all who participate in community activity.

Objective: Minimized barriers to achieving self-sufficiency.

Intent: It is the intent of the County that systemic barriers to self-sufficiency be removed to enable people to take responsibility for themselves to the maximum extent possible.

Barriers to self sufficiency include restrictions of personal circumstances such as health status, language and cultural differences, educational level and economics. Barriers may also be imposed through government policies which inadvertently stand in the way of personal independence.

The system itself has created barriers to self-sufficiency. To the extent that income obtained from employment counts against public assistance grants, a low-paying job may not provide any more benefits than staying on aid. Given the costs of child care and transportation necessary to getting and keeping a job, the person may even come out behind economically. Other potential aid disqualifications of persons in rehabilitation include no child care to free up a parent's time to get training and a job, and lack of adequate health benefits.

The County should advocate for legislative and regulatory changes in the way the federal and state governments have structured financial assistance, child welfare, health, and mental health programs so as to help people get off of public assistance, to safely reunify children with their parents, to assure medical care to all of its citizens, and to ensure the safest and most productive living conditions for the mentally ill.

A significant barrier to self-sufficiency is a shortage of jobs available for those who may need training or other preparation before securing steady work. Sacramento County should engage in a deliberate economic development strategy that focuses on developing resources for its own county residents. With the decline in government and military jobs in the area, greater competition exists for the lower-paying, low-benefit service jobs that have come into the County over the past decade. The lowest-skilled workers are likely to become the long-term unemployed.

Policies:

- HS-29. The County shall advocate to the federal and state governments for removal of barriers that create disincentives for people to get off assistance.
- HS-30. The County shall structure and integrate its own assistance, service, and employment programs to remove barriers to seeking job training and employment.

- HS-31. The County shall develop a comprehensive, aggressive economic development strategy to draw new industry and jobs to the County and to retain the jobs that are here.
- HS-32. The County policies shall emphasize retaining the jobs which are here. Regulations should encourage small business expansion and part time work in the home.

Implementation:

- A. The County will actively advocate for and pursue changes in regulations concerning income for people trying to transition off assistance, for increased child care and transportation arrangements (including those who are in job training, those who have just obtained jobs and low-income workers who are at risk of becoming dependent on aid). (Board of Supervisors)
- B. The County will explore options for providing public assistance clients with employment services within state and federal regulations and will pursue maximum waivers of regulations which create barriers to pre-employment and employment training, job development, and job retention. (Department of Human Assistance)
- C. The County will work closely with public, private, and educational providers of employment services to work cooperatively so that the full continuum of pre-employment and employment needs can be met with minimal difficulty and with greater integration of service delivery. (Department of Human Assistance)
- D. The County will locate pre-employment and employment training, job development, and job retention support programs in areas that are accessible to clients being served, including placing them in high need neighborhoods and providing transportation for people who can not access these services in any other way. (Department of Human Assistance)
- E. The County will initiate an economic development strategy, which should include activities involving business attraction, business retention, and small business assistance and development. Business assistance programs for small and start-up companies should focus on activities such as business development, marketing, location assistance, and finance. The County's economic development plan should also provide all businesses with regulatory assistance where appropriate, promote innovative, creative expansion of opportunity, introduce developer incentives and offer assistance in finance arrangements. This all should involve a coordinated effort with both the City and the Redevelopment Agency. (County Executive)

Objective: A sense of personal responsibility so that people can achieve and maintain self-sufficiency.

Intent: It is the intent of the County that its citizens should be empowered to achieve and maintain a level of success and health such that they can enjoy a high quality of life. Once barriers have been removed that hinder individuals from taking responsibility for themselves and their families, they must be provided with opportunities and incentives to attain independence and self-sufficiency. It is also the intent of the County to channel its public assistance resources toward job development and training wherever possible, rather than toward maintaining people on long-term support who could otherwise be gainfully employed.

It is the responsibility of government to ensure the greatest degree of health and well being for the greatest number of citizens possible through wise and careful deployment of public and private resources. Priority should go toward prevention of circumstances which will hinder this for those at risk and ameliorating the situations of those whose circumstances have put them in need. Those public resources dedicated to assistance for those in need should not be devoted to persons who have opportunities to avail themselves of a good quality of life without assistance.

Policies:

- HS-33. The County shall include clients in the planning and development of human service strategies which encourage people to assume greater personal responsibility.
- HS-34. The County shall sponsor programs that focus on long- and short-term education and training opportunities for persons presently dependent upon public assistance.
- HS-35. The County shall develop strategies that encourage clients of public assistance to utilize employment and training opportunities and to seek employment.

Implementation:

- A. The County shall assure active participation of clients on advisory boards and committees which propose policies and implementation strategies for human services aimed at promoting self sufficiency. (Human Services Cabinet, Board of Supervisors)
- B. The County shall also develop and encourage self help opportunities for clients in the provision of services. (Department of Human Assistance, Department of Health and Human Services)

- C. To the extent possible, County programs shall focus on providing early intervention services. (Board of Supervisors, Department of Human Assistance, and Department of Health and Human Services)
- D. In accordance with legal due process which upholds human dignity, the County will support sanctions against persons receiving publicly funded resources who refuse to take advantage of education, training, recommended care plans and employment opportunities or treatment of a condition such as alcohol or drug dependency where treatment is available. (Board of Supervisors, County Executive, Department of Human Assistance)

Objective: Promotion of responsibility for family and community.

Intent: It is the intent of the County that the support systems of family and community be the primary resource for everyone and that reliance on government assistance and services be a last and temporary resort.

Personal responsibility means that, when personal needs arise, families and people within communities should come to the aid of each other. Private practices and government actions may inadvertently discourage people from helping each other. Urban sprawl and automobile-dependent development separate people so that the concerns of neighbors may seem distant and unimportant. Programs that are not in the neighborhoods of the people they serve may lose track of the real needs of the citizens. This diffuses responsibility of members of a family or community.

Families that do not support each other increase dependency on the system, reduce the family's role in promoting a sense of responsibility, and are one major cause of school failure, crime, delinquency, and poor health. Communities made up of people who don't look out for each other are a breeding ground for crime, housing dilapidation, unemployment, and poverty. By strengthening families and communities through promotion of increased responsibility, many of these problems can be reduced.

Policies:

- HS-36. The County shall promote self-sufficiency within communities rather than urban sprawl that hinders a sense of community and reliance on neighbors.
- HS-37. The County shall develop multi-agency strategies that strengthen neighborhoods through community organization and cooperation.

HS-38. The County shall establish working relationships with school districts to provide family support for students and their families, to ensure success in school through strong, supportive families.

Implementation:

- A. The County will adopt development strategies that promote self-sufficient communities and economic viability for neighborhoods, such as transit-oriented development. (Board of Supervisors and Department of Planning and Community Development)
- B. The County will promote and assist in developing neighborhood watch and other grass roots neighborhood assistance programs, to encourage community involvement and mutual assistance and to take on protective responsibility for vulnerable elders, the disabled, and children. (Sheriff's Department, Department of Health and Human Services and Probation Department)
- C. To provide more effective services and assistance to families and the communities, the County shall decentralize health and social services with the advice and assistance from potential clients and neighborhood organizations as to geographical and service areas of need. (Department of Human Assistance, Department of Health and Human Services)
- D. The County will establish a strong working relationship with school districts to bring about programs and activities for the support of students and their families. (Department of Human Assistance, Department of Health and Human Services.)

STRATEGY IV

FOCUSING ON PREVENTION RATHER THAN REACTION TO PROBLEMS

Goal: **Prevention activities as the priority approach for human service programs.**

Introduction:

Prevention has become a popular public focus for greater emphasis in the last decade or so - even to having publications for general consumption devoted entirely to prevention in all aspects of socio-economics and health. Many of our successes over the years in building healthy communities have been due to public preventive actions, such as protection of water supplies, traffic laws and regulations, consumer protection for safety of many manufactured products, etc. The recent concentration upon prevention, on the other hand, has been more toward personal responsibility and emphasis upon, and access to, resources that enable the individual or family to attain and maintain a satisfactory quality of life.

For its greatest effectiveness, prevention as used here is defined as action to avoid an adverse condition from occurring at the earliest possible time. Separating a child from an abusing parent may avoid further abuse, but the goal must be to prevent that parent from becoming abusive in the first place.

Preventive practice and healthy behaviors can have a substantial impact on the quality of life through premature disability, shortened periods of acute illness, and less need for long term care. Prevention of problems can not only enhance the quality of individual life, but can enable human and monetary resources to be stretched further.

Prevention strategies are necessary for more than just physical health; they must extend across the service system to mental health, legal, nutrition, education, criminal justice and social support services beginning at the earliest stages of life and continuing throughout the life span. The focus upon prevention by individuals, families, neighborhoods and the total community, using techniques shown to be effective, is the most efficient and effective means to reach and maintain a healthy and safe, and satisfying life and community.

All of this requires the combined effort of government, the private sector, individuals and their neighbors. No one segment of society bears full responsibility, but all sectors have their individual or group contribution to make in preventing activities that are detrimental to the quality of life of the community. One emphasis, however, should be made clear and that is the importance of volunteerism and its contribution to many of the activities and

programs discussed in the Human Service Element. Volunteerism is an integral part of the human services delivery system and reinforces the responsibility of each member of the community to contribute to the general welfare.

PROMOTION AND MAINTENANCE OF GOOD HEALTH

Objective: Individuals and families practice healthy life styles and take actions that prevent illness, disability and premature death.

Intent: In the health context and for purposes of this objective, prevention is being discussed as "primary" prevention. This is to say that actions taken are to prevent the occurrence of specific health problems and do not refer to actions to prevent the progression of an illness by early or continued treatment. Medical care treatment and its access are discussed in Strategy II "Access to Human Services".

Prevention actions are taken by a combination of individuals and organizations - by individuals themselves, the health provider community, voluntary and non profit organizations, by the private sector (e.g. health insurance, direct service in the workplace) and by government. Education is one of the most significant factors, provided through the schools, the workplace and community effort.

It is appropriate that the County take a leadership position in carrying out its traditional and mandated role to assess the health of the community and promote activities for the prevention of illness and premature death. Such a role does not obligate government financial support for all prevention activities but it is important nevertheless.

The County will also work with statewide public health initiatives, such as the tobacco tax program, to maximize its capacity to deal with public health problems on the local level.

Policies:

- HS-39. The County shall provide leadership in coordinating community wide efforts for health education.
- HS-40. The County shall give a priority to prevention in its delivery of health services.
- HS-41. The County shall have an active program to prevent unintentional injuries and deaths.

Implementation:

- A. The County shall promote community education regarding healthy lifestyles (such as adequate exercise, nutrition, and avoidance of abusive behavior) working with schools, the private sector and others. (Department of Health and Human Services, Human Services Cabinet)
- B. The County shall strongly encourage schools to provide a comprehensive, K-12, health curriculum including AIDS education. (Human Services Cabinet)
- C. The County shall contribute to school-based health services including family planning, the prevention and treatment of sexually transmitted diseases and substance abuse utilizing existing resources to provide for these activities. (Department of Health and Human Services)
- D. The County shall aggressively promote the maintenance of high levels of infant and child immunizations. (Department of Health and Human Services)
- E. The County shall work with health providers and community organizations to jointly plan and provide accessible prenatal and perinatal care. (Department of Health and Human Services)
- F. The County shall actively encourage development of programs and resources dealing with prevention of teen pregnancy and the prevention and treatment of prenatal substance abuse. (Department of Health and Human Services)
- G. The County shall take leadership in the community to implement and maintain a health promotion/health-in-the-work-place program for its employees as an example for other employers. (Department of Personnel, Board of Supervisors)
- H. The County shall actively encourage development of programs and resources for defined primary prevention and early intervention in mental health programs. (Department of Health and Human Services)
- I. The County shall actively plan and maintain a program for the prevention of unintentional deaths and injuries such as caused by motor vehicle accidents, drowning and firearms. (Department of Health and Human Services, Sheriff's Department)

MODIFICATION AND PREVENTION OF DESTRUCTIVE AND VIOLENT BEHAVIOR

Objective: A community whose quality of life will not be compromised by excessive destructive and anti-social behavior.

Intent: The reduction of violence resulting from substance abuse or other causes will only occur through the combined action of the community at large and the government, which includes the human services and criminal justice systems. Violence includes injuries and deaths from homicide, suicide, child abuse, spousal abuse and elder abuse. Additionally, for community safety, destructive anti-social behavior such as disruption of classrooms, hate crimes, or intentional property damage is included. It is generally accepted that we have a society at all socio-economic levels that accepts and dramatizes violence and this has profound social implications making this effort of prevention very challenging and difficult.

The complex issue of violence in a diverse society of cultural, racial, religious and life style differences requires a greater understanding and awareness of the incidence and relationships to these and other factors. The success of epidemiological studies in many disease control activities has also been utilized in identifying causative factors in motor vehicle accidents leading to various traffic controls, automobile manufacture safety measures and some behavioral changes such as the emphasis upon prevention of "driving under the influence". Lately a number of communities in the country have introduced this health study technique to gain a better understanding of the extent and type of violent behavior in their area and what causative factors that might be identified that lend themselves to preventive actions. Violence has become a leading cause of death and injury among our youth, raising it as a health as well as a law enforcement issue. An approach such as that outlined above must be a cooperative endeavor between the human service and criminal justice systems if any better understanding of this complex and increasing threat to community safety and health is to be achieved.

Education, assuredly, is important as a preventive measure, but there is also a need for relief from family stress through services such as available counseling or respite assistance to prevent child abuse or elder abuse. The complex issue of family abuse has few proven preventive measures other than removing the victim from the environment. Changing attitudes of male-female and family relationships are significantly altering the recognition of abuse within a family and may ultimately assist in identifying positive actions that may be taken to reduce resorting to violence. There appears to be little doubt that giving primary responsibility for dealing with family violence to law enforcement is beyond their capabilities alone. Although, without quick and predictable

consequences to the perpetration of violence, the society is implicitly sanctioning such behavior. Finally, such resources as the existence of adequate and affordable dependent care as noted in Strategy I, is an important service in the prevention of child abuse.

Outlets for juvenile energy and aggressiveness such as recreational opportunities and wholesome youth activities to prevent delinquency have been referred to in Strategy I "Growing Adolescent Population" and are mentioned here again as important community actions.

Neighborhoods and communities must come together and take direct responsibility for jointly deciding what kind of neighborhood they wish to have and how they can contribute directly to realizing their mutual goal of a safe community.

Policies: (PREVENTION OF VIOLENCE AND DSTRUCTIVE BEHAVIOR)

- HS-42. The County shall approach the prevention of violence as a community health problem and as a joint effort between human services and law enforcement.
- HS-43. The County shall actively support and encourage neighborhood initiatives to combat violence and substance abuse.
- HS-44. The County shall support rapid enforcement of sanctions against violent behavior.
- HS-45. The County shall develop strategies to combat violence including hate crimes and gang activities at a county wide level.
- HS-46. The County shall encourage coordination and cooperation by community based family support and counseling services and organizations to provide a more effective and accessible support system for resolving family violence.

Implementation:

- A. Violence will be studied as a community health problem using public health methodology for study and identification of potential control measures, i.e. collect facts, study and identify specific prevention and control measures, community wide and for specific groups. (Department of Health and Human Services, Sheriff's Department, Coroner, Criminal Justice Cabinet)
- B. The County will collaborate with the cities of the county in the control of violence. (Department of Health and Human Services, Sheriff's Department, Criminal Justice Cabinet)

- C. The County shall encourage school districts to teach children non-violent conflict resolution strategies and the value of diversity. (Department of Health and Human Services, School Districts)
- D. The County shall promote primary child abuse education and prevention services in schools. (Human Services Cabinet)
- E. The County shall provide leadership in assisting human services programs, public and private, to have an holistic approach assisting the whole family with multiple needs. (Human Service Departments)
- F. The County shall encourage community wide access to programs and activities for parents and other caregivers to enhance their ability to rear children successfully. (Human Service Cabinet)
- G. The County will assist neighborhood human services centers and local community based organizations to implement neighborhood monitoring activities to identify and protect those adults that may be in need of protection. (Human Service Cabinet)
- H. The County shall support the adoption of measures which assure that violent behavior will result in rapid and effective consequences. (Board of Supervisors)

DEPENDENCY PREVENTION

Objective: Individuals and families that retain their independence.

Intent: The policies and implementation measures found throughout the Human Services Element individually and collectively contribute to alleviating or preventing health and socio-economic conditions that place individuals and families at risk of becoming partially or totally dependent upon society for intervention and support.

Protection of children during their early years, their education and preparation as productive members of the community, services that assist families in maintaining a high quality of life such as counseling and advice, accessible child care as needed, job opportunities, an economically healthy community, all have been identified with relevant policies elsewhere in the Element.

The following policies are meant to supplement the policies noted elsewhere by emphasizing the importance of having accessible housing that is compatible with changing community needs. Emerging family life styles, such as single parent, intergenerational and shared housing, are requiring alternative housing styles and designs as opposed to the traditional predominant single family homes. Additionally, the community must provide housing that is

accessible in construction, as well as to transportation, for the elderly and persons with disabilities. Public transportation becomes more important as a means of supporting independent living and must be accessible throughout the community with services that allow use by the elderly and disabled. This independence also requires that individuals and families can use public transportation and travel in their community without fear of crime.

While it is implicit in many of the policies stated in other sections of the Human Services Element, it is to be emphasized that accessible support services must be included in planning housing for individuals and families e.g. services such as cleaning, grocery shopping, health care etc. which apply to elderly and disabled as well as specific services for children.

Encouragement to volunteer for community service and assuring the opportunity to do so, is as important for the young as for the elderly. The former in being exposed to the importance of sharing and service and preparing them for their future as contributing members of the community, the latter in making available a valuable resource and also maintaining an active life. Volunteerism, of course, need not be limited to the young and old as opportunities and need exist throughout the community in public, private and community based organizations. The survival and effectiveness of human services depends upon this type of total community commitment.

Policies: (DEPENDENCY PREVENTION)

- HS-47. The County shall promote affordable and accessible housing, single and multifamily, that is safe and obstacle free for the disabled and elderly.
- HS-48. The County shall encourage accessibility in neighborhoods and community areas to necessary services (e.g., basic shopping, health facilities, community facilities) through the promotion of alternative modes of transportation, including walking, bicycle and public transit opportunities.
- HS-49. The County shall support volunteer opportunities for community service as a necessary adjunct to education of our youth.
- HS-50. Community wide emphasis shall be given for senior citizens to volunteer in community service, with the County taking the lead by providing a variety of opportunities.

Implementation:

- A. The Department of Planning and Community Development, with the assistance of developers, builders and others will develop specifications for easy access to housing for the disabled and elderly. (Department of Planning and Community Development, Sacramento Housing and Redevelopment Agency, Building Inspection Division)
- B. The changing need for alternative housing accommodations will be researched and guidelines established for future land use and housing policies. (Department of Planning and Community Development, Sacramento Housing and Redevelopment Agency)
- C. Planning for new community developments shall include public transportation accessibility. (Department of Planning and Community Development)
- D. Schools and community organizations will be urged to encourage students, especially secondary level youth, to participate in volunteer community service. (Board of Supervisors, Human Services Cabinet)
- E. Service delivery systems established by the County as part of its reorganization of human services shall build in opportunities for volunteer service by seniors and other members of the community. (Human Services Cabinet)

SECTION IV.

IMPLEMENTATION AND MEASUREMENT

GOAL: The improvement of the quality of life through the implementation of the Human Services Element policies will be confirmed by socio-economic measurements taken at regular intervals.

INTRODUCTION:

The adoption of the policies put forward in this Human Services Element of the County General Plan requires a strengthened and on-going partnership between the County, the cities of the county, other local agencies and the private sector. The policies intend to identify and support new directions and a greater role for County leadership in the socio-economic arena and to set guidelines to influence land use policies as they affect quality of life, for county agencies, the business and development community, community based organizations and other non-profit groups, and education.

The overall goal of this Element as with the remainder of the General Plan is to provide an optimal quality of life for the residents of Sacramento County. The general inputs to quality of life are physical and societal. The first type, which is addressed in other Plan Elements, deals with the physical aspects of preservation of the natural environment e.g. air, water, land. The other, societal, focuses on human resources and their many ramifications that bear on dignity, peace of mind, pursuit of honest labor and the opportunity for individual development and betterment.

The ability to determine how well a community is moving toward the goal of optimum quality of life depends upon the measurement of a number of variables, having to do with health, education, economic and social components. The complexity of human and social dynamics is such that multiple actions are often necessary to improve one indicator; for example, reduction of the rate of infant deaths among certain minority groups in the community can be brought about only by introducing or emphasizing many actions to improve economic status, access to health care, educational opportunity, etc. for the specific group.

Over the past few years, computerized socio-economic assessments have been developed and used to assess economic and demographic impacts of urban development projects. Additionally, some models will yield estimates of need for certain facilities and services such as education, health and libraries along with estimates of staffing requirements. While these are helpful, these models do not estimate social impacts or project needs for such services as

mental health and welfare services. A wide variety of methods are used to attempt to measure the latter and considerable research is in progress.

MONITORING AND COMPLIANCE

Objective: Human Services Element policies provide the direction for funding and delivery of county human services in cooperation with community based organizations.

Intent: Not only do the policies introduce the guidelines to be followed by County agencies in delivering direct programs and services, but also to lay out the criteria for distribution of discretionary human service funds as they become available. Contractual agreements for human service activities shall be consistent with the stated policies.

The ultimate goal of an optimum quality of life for the residents of the community is best achieved by encouraging all parties to participate in an accepted community wide human services plan which will be adjusted as appropriate over the coming years. This will be accomplished not only by providing direction to funding decisions, but also through County leadership in its role of encouraging coordination and cooperative change on the part of all those involved in human services activities.

Implementation will occur as changes are introduced within existing and future funding capability, as with the present plans and activities for County Human Service reorganization and decentralization of these services in a much improved, responsive and coordinated manner.

Policies:

- HS-51. The Human Services Element provides guidelines for the direction and funding of County human service departments and for the distribution of discretionary and contracted human services funds.
- HS-52. The County shall provide leadership in the coordination of community organizations and groups responding to human service needs.

Implementation:

- A. The annual County Human Services budget objective, including use of discretionary funds, shall be consistent with the policies of the Human Services Element. (Human Services

Cabinet, Board of Supervisors)

- B. Contracts with community based organizations and others for delivery of human services shall be consistent with the policies of the Human Services Element. (Human Services Cabinet, Board of Supervisors)
- C. The coordination activities between the community based organizations and the county that was initiated during the human services reorganization shall be continued and strengthened. (Human Services Cabinet)

SOCIAL IMPACT MEASUREMENT

Objective: Measure the impact of Human Services Element policies using accepted methodology.

Intent: A number of indices have been identified that can be used to measure our community's status as to Quality of Life. These measures are preliminary and should be reviewed annually both as to their relevance to local conditions and their usefulness in guiding policy makers in assessing progress being made toward long-term goals and the impact of human service policies.

The annual measurement of these indices will make it possible to follow any changes that occur from year to year toward improvement of the quality of life. Initially these will not be compared against any ultimate goal, e.g. an infant death rate of a certain level by the year 2000. It is advisable to start off from a base year, such as 1992, and follow the changes from there. With experience, it will be possible to set specific, measurable long-term goals or to compare with similar communities as has been done on some national surveys.

Examples of quality of life indices include, but are not limited to:

Educational Achievement:

- High school completion rate
- High school attrition rate
- Percent of high school graduates entering college
- Adult education participation

Employment/Economic Development:

- Employment by category
- Percent of high school graduates finding full-time employment
- Unemployment by age, gender, ethnicity
- New business development by category
- Sales tax and property tax revenues

Health Status:

- Adolescent birth rates by ethnicity
- Low birth weight rate by ethnicity and age
- Infant mortality rate: total and by race/ethnicity
- Percentage of fully immunized children entering preschool
- Percentage of population that is medically uninsured
- Number of AIDS cases
- Suicide rate: youth and adults
- Substance abuse caseloads by age/ethnicity
- Percentage of elementary and secondary schools with comprehensive school health education curriculum
- Percentage of elementary and secondary schools with school based health services

Family Support/Wealth:

- Number of homeless per 1,000 population
- General assistance caseload per 1000 population
- Earnings of public assistance recipients
- AFDC caseload per 1000 population
- Percent of families with income above poverty level
- Median family income
- Median cost of home ownership
- Median rent
- Community Cost of Living Index

Community Protection:

- Homicide rate: youth and adults
- Incidents of violent crime: youth and adult
- Incidents of drug related crime: youth and adults
- Number of neighborhood based crime prevention programs

Additionally, a resource inventory will be maintained to assist in evaluating progress in the development of human services and to relate these to the policies and the changes that may be occurring in the social, economic indices. This refers to resources such as dependent care facilities, health care facilities, recreation, schools, etc.

Evaluation and monitoring of the implementation of the Human Services Element will be accompanied by research into social impact assessment methodology - what is available and what needs further development. In addition to the quality of life measurements discussed above, the County will need to initiate assessment research with the possible assistance of one of the local

universities. A part of assessment of social impacts will be an analysis of the cost effectiveness of various interventions included in the policies and implementation measures.

Policies: (MEASUREMENT)

- HS-53. The County shall support a comprehensive human services data base and annually measure Quality of Life indices to assess changes in the community's status as they relate to implementation of County policies.
- HS-54. The County shall develop or adopt a social impact assessment methodology to measure the impact of policies included in General Plan on the Quality of Life of residents of the county.

Implementation:

- A. The County shall provide direct support for the continued maintenance of the Human Services Information System. (Board of Supervisors)
- B. An annual report of the community quality of life status shall be made to the Board of Supervisors for its assessment of progress of the human service program. (Department of Planning and Community Development, County Executive's Office)
- C. Assistance will be sought in the development of social impact assessment methodology from local universities. (Department of Planning and Community Development, County Executive's Office)
- D. The County shall adopt specific measurable goals and objectives to track progress towards the objectives of the Human Services Element.

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